

For Official Use Only

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - 113

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

4. Name, file number, and address of labor organization.

Name Kenneth L. Gaines

Name GCU Local 449-5

Labor Organization File Number 036834

P.O. Box, Bldg., Room No., if any

P.O. Box, Building and Room Number, if any

Street 213 Rhode Island Ave. N.E.

Street 2310 Minnesota Ave., S.E.

City Washington

City Washington

State D.C. ZIP Code + 4 20002

State D.C. ZIP Code + 4 20030

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

7.a. Nature of Interest, Transaction, or Income.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

**Street** \_\_\_\_\_

City

State  ZIP Code + 4

**7.b. Amount.**

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kenneth L. Haines

Ca

8	15	05
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Date \_\_\_\_\_

202.582-2800

Telephone Number

Name of Person Filing **Kenneth L. Gaines**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BCU, Local 449-S Medical Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2310 Minnesota Ave, S.E.**City **Washington**State **D.C.** ZIP Code + 4 **20020**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Contributions made to the Medical Fund under a Collective Bargaining Agreement negotiated by the Labor Organization.

11.b. Approximate dollar value of such dealing.

**\$948,608.00**

12.a. Nature of interest held or income received.

Reimbursement of Trustee Expenses

12.b. Amount.

**\$4,854.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.